

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
8:30 A.M., Thursday, June 9, 2005**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, June 9, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Carrie Blake, Linda Bryan, Sandra DelSesto, Diane Dwyer, Joseph Le, Peter Mendoza, and Heather Fish.

Ex-Officio Members Present: Kathleen Spangler, MHRH Acting Director; Marie Strauss, Elderly Affairs; Craig Stenning and Katharine Lyon, Ph.D., MHRH; George McCahey and Sandy Wood, DCYF; Frederic Friedman, DOC; Elizabeth Gilheeney, Department of Justice; and Frank Spinelli, Department of Human Services.

Guests: Jill Beckwith, Rhode Island Kids Count.

Staff: Mary Ann Nassa, Corinna Roy and Jim McNulty.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of May 10, 2005. Carrie Blake motioned to approve the minutes, and Joseph Le seconded the motion. All were in favor, and the minutes were approved as written.

**COUNCIL'S GOALS AND PRIORITIES**

Richard referred to the following document, **ISSUES FOR EXTENDED COUNCIL FOCUS IN UPCOMING YEAR**, which was mailed with the Minutes of May 10 and also listed on the flip-chart display. The seventeen items listed were condensed subcategories of the overarching categories of issues that received the most votes at the last meeting of this council. Some items from those subcategories that seemed appropriate for discussion at a single or ongoing council meeting appear in **Agenda Items for Council Attention in Upcoming Year**.

Richard inquired if there were, not less than three, members who wanted to see any additional listings added to the list, otherwise the Council would continue its discussion from the last meeting. He suggested that, if necessary, members clarify or add to the items listed so that before the end of the meeting or within the next week or so they could score the items and either E-mail them back to Corinna Roy at [croy@mhrh.ri.gov](mailto:croy@mhrh.ri.gov) or Fax them at 462-6078 for tabulation to determine the top priorities based on average ratings.

Richard reviewed the scoring procedure and opened the meeting for discussion and/or suggestions. George McCahey stated that DCYF is interested in adding that children be examined as well as adults to Number 10. Richard asked if there was any objection to adding the inventory list for adults and children. There were no objections. Corinna Roy added his comment to the chart and pointed out that MHRH is applying for the Transformation grant in the next round and attending to this item would be beneficial as the Council moves forward for the next year in preparation for that grant.

Richard asked if there were any additional questions, additions or modifications.

Linda Bryan stated her concerns regarding individuals who are discharged from a hospital intensive care unit with no step-down transition unit provided for their re-entry into community living. Linda

expressed that it was likely that those individuals without adequate support would return to the hospital.

Richard stated that Linda was referring to two different areas which are gaps in services, and reasons for re-hospitalization. Richard referred to the *Agenda Items for Council Attention in Upcoming Year* on Page 2 of **ISSUES FOR EXTENDED COUNCIL FOCUS IN UPCOMING YEAR** and recommended that her suggestions be placed under that section.

Dr. Kate Lyon distributed **Attachment I, Increasing Collaboration Between Corrections and Mental Health, A Forum Among Four State/County Teams, Consensus Project.** Dr. Lyon explained that the document is related to the plan that Craig Stenning referred to at the last meeting in which MHRH is working in collaboration with the Department of Corrections through a grant they received through the Council of State Governments. The plan looks specifically at individuals with serious and persistent mental illness that may have been in and out of both the prison and the behavioral health treatment systems. It is designed to develop an intervention within the community to help providers improve their response to individuals with a forensic issue. Dr. Lyon said that they thought the Governor's Council would be a useful place to discuss this plan, discuss progress throughout the year and discuss proposed changes to the plan or the system. Dr. Lyon stated that it refers nicely to Number 9 within the issues listed.

Craig Stenning referred to *Attachment I, Page 3, Item D*, within the report, where it talks about asking the Governor's Council to establish a subcommittee to serve as the leadership committee for this particular project. Dr. Lyon further conveyed that also in its favor is that it is doable within a year because they have a year to complete the project, and the impact should be substantial, and it should be at low or no cost.

Carrie Blake stated that Rhode Island is considered one of the most fatal fifteen states with regards to alcohol-related traffic fatalities in the nation. She suggested that the Council should look at how this state can go about reducing alcohol fatalities on its highways and suggested it be considered to be included on the focus list.

Richard Leclerc requested a show of hands to substantiate more than three votes, and there was, which allow it to be placed on the list as Number 17.

Kathleen Spangler, Acting Director of MHRH, stated that many of the items listed in the Council's focus lineup are aligned with much of the work being done across state departments and within the Office of Health and Human Services, specifically the issue of transition from youth to adult within the behavioral healthcare system. She stated that the State is focused on this issue and in August will be participating in a policy initiative in conjunction with R.I. Kids Count, DCYF, MHRH, DHS, the Governor's Office and the legislature looking at the issue of behavioral healthcare for kids and adults. Additionally, the transition issue and the availability and accessibility of services to individuals within the correctional system are also a central issue. Richard Leclerc stated that depending on what the Council selects, it needs to check what other kind of work is being done in that particular area.

There was discussion regarding mental health training for first responders and security staff at hospitals.

There was discussion regarding the issue: Implement a therapeutic model for mentally ill prisoners. After that discussion, it was decided to move that issue to the **Agenda Items for Council Attention in Upcoming Year**.

Elizabeth Gilheeney stated that she had recently sent a letter to all the mayors in Rhode Island and police chiefs informing them of the availability of \$300,000 in prevention monies that are specifically written for substance abuse task forces—the community has to have task force in place in order to apply for this money. Elizabeth stated that she has had little or no response. Elizabeth stated that a comprehensive training would take place in July for any potential applicants. She believes this fits well with Number 15. Craig Stenning asked Elizabeth to forward him a copy of the announcement of the availability of funds and he would make sure that task forces are aware of it.

Carrie Blake stated that in her experience middle school is where prevention fits in and asked if Number 4 could include middle school. Richard stated that both could be included. There were no objections to adding middle school to Number 4.

Richard reviewed all of the changes indicated below in ***BOLD PRINT*** representing the changes brought about by the discussions. He reminded the members that before the end of the meeting or within the next week or so they should score the items and either E-mail them back to Corinna Roy at [croy@mhrh.ri.gov](mailto:croy@mhrh.ri.gov) or Fax them at 462-6078 for tabulation to determine the essential priorities according to what has been indicated.

There was some discussion regarding Column 5, which initially read “This project is not being addressed by others in the community.” Some people felt that this was not a good category as they may not have enough knowledge of who else in the community is working on something, and even if someone else is, it might still be something that would be beneficial for the Council to assess. Most members concurred and decided to make it a place for people to list others working on the topic, so that the Council could collaborate with others on the issue rather than duplicating efforts in an alternative setting. Therefore, column 5 was changed to: **“This issue is being addressed by: (insert name of group or individual addressing issue)”** and if these scores are used to determine the workgroups. The members felt unsure of what other focus groups were working on and whether they would help address some of these items. Richard asked if anyone was aware of other groups addressing these items.

Council members were also advised to insert the numeral “3” as a rating if they did not have an opinion or knowledge of that aspect of the item rather than leaving it blank or writing something other than a 1-5 rating.

#### **ISSUES FOR EXTENDED COUNCIL FOCUS IN UPCOMING YEAR**

Rate each issue in the three areas to the right using the following scale: 1=disagree strongly, 2=disagree somewhat, 3=neither agree nor disagree, 4=agree somewhat, 5=agree strongly. Please rate ALL items, if you are not sure about something insert a “3” (neither agree nor disagree).	<b>This project is doable in 1 to 2 years</b>	<b>This project is critical (i.e. it is in danger of losing funding)</b>	<b>This project will improve services and client outcomes</b>	<b>This issue is being addressed by:</b>  <b><u>(insert name of group or individual addressing issue)<sup>1</sup></u></b>
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<sup>1</sup> Previously, “This project is not being addressed by others in the community.”

1) Transition of <b>youth into adult</b> behavioral health services				
2) Early identification and intervention of behavioral health issues for children				
3) Better service delivery to youth with disabilities and co-occurring behavioral healthcare issues				
4) Address the unmet needs of <b>middle</b> and high school students related to prevention of alcohol and other substance use/abuse				
5) Educate staff in nursing homes and community (aging network staff and primary care physicians)				
6) Suicide prevention for elderly				
7) Increase support for prison diversion programs, including drug court				
8) Evaluation of current discharge planning for clients leaving correctional facilities				
9) Examine and compile an inventory of the <u>Best Practices</u> in place in RI's <b>adult and children's</b> Behavioral Health system				
10) Improve <b>timeliness of services</b> by implementing statewide adherence to a <b>standard risk scale</b>				
11) Increase quality/supply/retention of behavioral health professionals including bilingual/bicultural staff				
12) Train law enforcement officers, ER staff, hospital security guards and other first responders in MH issues				
13) Assess compliance of insurance companies with Rhode Island parity laws				
14) Investigate how to keep Prevention Task Forces viable given recent cuts				

15) Support collaborative primary and behavioral health care				
16) Linking school-based behavioral healthcare services with community-based behavioral health services				
17) <b>Reduce alcohol-related traffic fatalities</b>				

### **Agenda Items for Council Attention in Upcoming Year**

- 1) Look at reimbursement rates for early screening in primary care for alcohol/substance use
- 2) Advocacy for addicts by having non-violent drug offenses expunged so they can find employment (decriminalization of addiction)
- 3) Make it easier for advocates and others to have access to consumers in the ACI and training school
- 4) Monitor the new approach to the substance abuse **general outpatient services** developed in the recent statewide RFP
- 5) Advocacy for addicts to be included in Americans with Disabilities Act
- 6) Track implications of Medicare Part D
- 7) **Implement a therapeutic model for mentally ill prisoners**
- 8) **Gaps in service in the continuum of care, particularly step-down services to prevent hospital readmissions**
- 9) Other\_\_\_\_\_
- 10) Other\_\_\_\_\_
- 11) Other\_\_\_\_\_

### **BLOCK GRANT AND DATA CONFERENCE**

Corinna Roy stated that she and George McCahey had attended the Mental Health Block Grant and Data Infrastructure Conference in Washington, D.C., and reported that the message that was reiterated over the course of the conference was transformation. Corinna distributed ***Attachment II, Transforming the Mental Health System New Freedom Commission on Mental Health Goals.*** Corinna stated that these are the six set goals from President Bush's *New Freedom Commission on Mental Health* report. These are the goals that all states are encouraged to strive for which are integral to the next transformation grant. The conference included both plenary sessions and several regional sessions. In the Regional sessions transformation was presented from the perspective of the federal, state and local governmental levels as well as within private organizations. Corinna suggested that members keep the goals of the New Freedom Commission in mind when scoring the Council's priorities because these are the issues the federal government expects states to address. One thing in particular that states are expected to move towards is Goal 6, ***Technology Is Used to Access Mental Health Care and Information.*** The federal government is advocating for states to use more technology in order to become more accountable for all projects and work. This makes it a good idea to look at the evidence-based practices that are going on in the state because outcome data is going to be required to back up what we are doing with our federal dollars.

George McCahey stated that the transformation of data into information to improve system of care is important. George stated that there are a couple of steps necessary before reaching the objective of using information as a tool. George added his disappointment with the lack of emphasis on children during the conference.

### **UPDATES FROM MHRH**

Craig Stenning reported that Marco Andrade who will be starting on June 27 has filled the position of Grant Writer. Marco comes to Behavioral Healthcare from the University of Rhode Island. Craig expressed his appreciation for having someone in place whose focus will be in the area of grant writing and turning data into information and to help work with community partners and other state departments as well.

Craig stated that with regards to the new supervisory position in the combined Planning and Prevention has been posted and closes on Friday, June 10. A review committee has been created, and Craig is hoping that they move rather quickly and finalize a supervisor for the unit, which will mean that all of the supervisory positions will be filled.

### **UPDATES FROM DCYF**

George McCahey reported that Patricia Martinez, Acting Director of DCYF, completed her first hearing with the legislature and it went well. The confirmation vote should take place shortly, and George will report those results at the next meeting.

George reported that the Department of DCYF has put in a request for an examination to be given for Social Caseworker II in an attempt to extend the workforce at that level.

Craig Stenning reported that he attended a meeting that was conducted on Friday, June 3, 2005, with Janet Andersen and members of various staff of DCYF and MHRH to talk about the emergency services initiative at DCYF and how it ties in to adult services. Craig report that there was clarification of the fact that the project looks different today than it did six months ago along with some of the concerns which have been addressed. Craig stated that Tom Martin of the Behavioral Healthcare staff, who has experience working in a number of emergency service settings in the community, has offered to assist DCYF.

George introduced Sandra Woods, the DCYF Substance Abuse Coordinator, who will be part of the DCYF representation as they move forward in the transformation of substance abuse and mental health issue planning in the department.

### **OLD/NEW BUSINESS**

Frank Spinelli brought the Council up-to-date regarding information about Medicare Part D. Frank stated that this information will affect many of the clients who access pharmaceuticals. Frank stated social security will be sending out mailings starting in June and continuing over the next six weeks to low-income social security beneficiaries advising them of Part D. The order the applications will be sent be based on the last two digits of their social security number. The mailings will include an application and a letter informing them that they will start beginning to accept applications starting July 1, 2005. Some of the mental health centers have been training staff in how to assist people with filling out these applications. Additionally, starting last weekend any individual who was on Medicaid

as well as Medicare received another letter informing them that they will be going into Part D effective January 1, 2006, and that they will not have to do anything and will automatically switch their plans.

Frank stated that everyone should be aware that the law does not require people on Part D to have co-payments, and there are discussions being held around the State on how exactly to handle this. Frank stated that a lot of detail is not known at this time; it affects children and there are about 800 plus children in the State on Medicare and SSI.

Craig Stenning suggested that Dr. Wagner attend a future meet of the Council to discuss the safety net that has been worked out for the beginning of the year at least for those individuals who are known to the Behavioral Health system and are on a variety of behavioral health medications.

Frank Spinelli stated that there will be more information available by September and suggested that a presentation be planned for the September agenda.

Richard Leclerc question if on Medicare Part D are they eligible for the CMAP program. Frank Spinelli stated that being on Medicare would now preclude someone from being on CMAP. There are discussions within the department regarding how to cover people who cannot afford medications under Part D using CMAP.

#### **ADJOURNMENT AND NEXT MEETING**

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:05 a.m. The next meeting of the Council is scheduled for **Tuesday, July 12, 2005 at 1:00 p.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa  
Governor's Council Secretary